SOUTH CAROLINA CENTRAL CANCER REGISTRY
RESEARCH DATA REQUEST APPLICATION

PRINCIPAL INVESTIGATOR:
AGENCY AFFILIATION (include address):

PHONE: FAX: EMAIL:

Co-INVESTIGATOR: AGENCY AFFILIATION:
PHONE: FAX: EMAIL:

Co-INVESTIGATOR: AGENCY AFFILIATION:
PHONE: FAX: EMAIL:

Co-INVESTIGATOR: AGENCY AFFILIATION:
PHONE: FAX: EMAIL:

TITLE OF PROJECT:

PROJECT PERIOD: from to (mm/dd/yyyy)

TIME PERIOD OF REQUESTED DATA (mm/dd/yyyy) thru (mm/dd/yyyy)
Currently available registry data include 1/1/1996-12/31/2004

SPONSORING AGENCY:

SPONSORING AGENCY ASSIGNMENT NUMBER (if known):

Are you a student? Yes No

If yes, is this project for:
___ Thesis
___ Dissertation
___ Other

IS THIS PROJECT CURRENTLY FUNDED? Yes No

A COPY OF INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL IS REQUIRED FOR APPLICATIONS REQUESTING CONFIDENTIAL DATA ITEMS
(APPLICATIONS TO THE SC CENTRAL CANCER REGISTRY WILL NOT BE REVIEWED UNTIL APPROVAL THROUGH THE APPROPRIATE IRB IS OBTAINED)

HAS THIS PROJECT BEEN APPROVED BY AN IRB FOR HUMAN SUBJECTS?
☐ YES ☐ PENDING

IF YES, WHAT IRB? WHEN? (mm/dd/yyyy)

IF YES, WHAT TYPE OF APPROVAL?
☐ EXEMPT ☐ EXPEDITED ☐ OTHER:_____

IF PENDING, PLEASE DESCRIBE:

IF RENEWAL IRB, LIST EACH BY IRB NUMBER AND RENEWAL DATES (mm/dd/yyyy –

mm/dd/yyyy).

Please Answer the Following Questions

1. Will the requested SCCCR data require linkage to another dataset? (If no, proceed to question 3)

___ Yes __ No

2. If you answered yes to question 1:

A) What dataset(s) will the SCCCR data be linked to?

B) Describe the purpose of data linkage:

C) Who will perform the data linkage?

__ SCCCR
__ Research institution
__ Other: _____

If the SCCCR will perform the linkage, approximately how many cases will be submitted for linking? _____

D) Describe the method to be used for linking:

__ Computer automated: Probabilistic Match
__ Computer automated: Deterministic Match
__ Manual data lookup

E) What Restricted/Confidential SCCCR data elements will be used for the linkage?

RESTRICTED/CONFIDENTIAL

__ Patient First Name
__ Patient Middle Name
__ Patient Last Name
__ Patient Address
__ Patient Social Security Number
__ Patient Date of Birth
__ Patient Date of Death
__ List Others

3. What data elements will the researcher like to receive from the SCCCR? This can include data elements included with the linkage file. (CHECK ALL THAT APPLY)

UNRESTRICTED

1. __ Patient Age at Diagnosis in years (in days if <1 year)

2. __ Patient Sex
3. __ Patient Race/Ethnicity
4. __ Patient County of Residence
5. __ Patient Marital Status
6. __ Accession Year/Diagnosis Year
7. __ Class of Case (Designed for hospital-based registry reports. Divides hospital cases into two categories: analytic or non-analytic. May not be useful without healthcare facility ID)
8. __ Tumor Sequence Number
9. __ Primary Site of Tumor and Laterality
10. __ Tumor Characteristics (morphology type, behavior, grade)
11. __ Stage of Diagnosis
12. __ Vital Status
13. __ Patient Year of Death

Please list others:

RESTRICTED/CONFIDENTIAL

14. __ Patient Name
15. __ Patient Address
16. __ Patient Social Security Number
17. __ Patient Birth Date
18. __ Patient Medical Record Number
19. __ Patient Cancer Registry Accession Number (facility assigned)
20. __ SCCCR Unique Patient Number (SCCCR assigned)
21. __ Research Study ID
22. __ Patient Zip-code
23. __ Census Tract or Block
24. __ Patient Healthcare Provider ID: attending physician, surgeon, following physician
25. __ Healthcare Facility ID
26. __ Patient Date of Death
27. __ Aggregate data (other than "<5" for 1-4 or "10" for 5-9)
28. __ Month of diagnosis (for survival analysis only)

Please list others:

4. If you are requesting any restricted data element, justify this request by providing why you cannot conduct your investigation without these data.

5. How many subjects (total) involved in the study?

6. Age range:

7. From what geographic region of South Carolina will the cancer cases come from?

8. What specific type(s) of cancer are included in your study?

9. Will you contact patients in any way? Yes No

A) If Yes, How will patients be contacted?

PROJECT SUMMARY

Summary for scientific merit (use additional pages if required). *Statements such as "see protocol" are not acceptable*. Describe specific procedures or methods to be used addressing the identified research questions. Provide evidence that this research is needed to advance knowledge (justification).

10. List study question(s):

11. How will this study question(s)/hypothesis(es) be addressed in this study?

12. Describe the study design:

13. Describe the protocol for data collection:

14. Describe the planned statistical analysis. Include a brief description of how variables will be defined, what the independent and dependent variable will be, and what specific tests will be used.

15. Describe the significance of the planned research. How does this work add to the existing literature?

16. Briefly present the anticipated results.

17. Attach a copy of any questionnaire, written test, or recorded abstract form to be used in the study.

18. Attach a copy of any participant consent form.

19. List all other institutions (hospitals, schools, health care centers, etc.), which will serve as sites for this research project.

20. Include a grant proposal or study protocol.